

MISSOURI DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-010566
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

042

1000

423

FILED APR 3 1963

1. PLACE OF DEATH

a. COUNTY **Buchanan**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Joseph,**

Length of stay in 1b
57 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Meth. Hosp. & Med. Center**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Buchanan**

c. CITY OR TOWN **St. Joseph,**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2117 Faraon Street

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
EARL

Middle
N.

Last
STORY

4. DATE OF DEATH

Month
March

Day
30,

Year
1963

5. SEX

Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Jan. 5, 1905

9. AGE (last birthday)
58

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Insurance Salesman

10b. KIND OF BUSINESS OR INDUSTRY
State Farm Mutual

11. BIRTHPLACE (City and state or country)
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Samuel A. Story

13b. MOTHER'S MAIDEN NAME

Lola B. Callison

14. NAME OF HUSBAND OR WIFE

Geraldine Wheeler Story

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Geraldine W. Story-St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Tracheal obstruction
Carcinoma of lung**

INTERVAL BETWEEN ONSET AND DEATH

14 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **3/29/63** to **3/30/63** and last saw her/him alive on **3/30/63**
Death occurred at **8:25 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. O. Craig MD

22b. ADDRESS

215 Kirkpatrick Bldg

22c. DATE SIGNED

4/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

April 1, 1963

23c. NAME OF CEMETERY OR CREMATORY

Ashland Cemetery

23d. LOCATION (City, town, or county)

St. Joseph, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Meierhoffer-Fleeman Inc., St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

April 2, 1963

26. REGISTRAR'S SIGNATURE

Mr. Clark Goodell

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

R. O. Craig, M.D.

Permit issued 4-1-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond J. Thoe

Licensed Embalmer No. 5147

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.